

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L21743

**Entity Name:** HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.

**Current Principal Place of Business:**

3702 N. HIGHWAY A1A  
502  
HUTCHINSON ISLAND, FL 34949

**Current Mailing Address:**

3702 N. HIGHWAY A1A  
502  
HUTCHINSON ISLAND, FL 34949 US

**FEI Number:** 22-3023931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAZZA, PEGGY  
3702 N. HIGHWAY A1A  
502  
HUTCHINSON ISLAND, FL 34949 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, VP, SECRETARY,  
                      TREASURER  
Name            MAZZA, PEGGY  
Address        3702 N. HIGHWAY A1A  
                      502  
City-State-Zip: HUTCHINSON ISLAND FL 34949

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEGGY MAZZA

**PRESIDENT**

**03/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date